

## **PERSONNEL BUDGETING**

### **PAY PLAN ADJUSTMENTS AND NEW CLASSIFICATIONS**

Currently many agencies are requesting pay plan adjustments and new classifications outside the budget process. The current practice does not provide review by key decision makers and prohibits a review in context of the overall State budget. In order to assure a more orderly review process that is integrated with the budget process, agencies should include these pay plan adjustments and new classification requests as part of the proposed FY 2008 budget request. Agencies must complete DBM-DA-25A and DBM-DA-25B forms when requesting a salary adjustment to one or more job classifications in FY 2008.

Agencies are instructed to budget for these adjustments in Comptroller Object 0112-reclassifications. If an agency has included funding in Comptroller Object 0112 without required supporting documentation, DBM will reduce funding when developing the FY 2008 Allowance.

#### **NEW DBM-DA-25A Form – WORD Document**

The DBM-DA-25A should be used by agencies to provide sufficient justification to support the request by addressing the following items:

1. Please explain why the pay plan adjustment or new classification is necessary. Why is this job series critical to your goals and objectives? The explanation should outline how the current salary structure is impacting the outcomes for the program and/or agency. (List the specific Managing for Results goal, objective and measures.)
2. Please explain how the proposed salary structure is expected to impact the outcomes for the program and/or agency. (List specific Managing for Results goal, objective and measures.)
3. Please list any alternatives considered to address the issues which would not require the establishment of a new classification series or a salary adjustment. List steps that have been taken to address recruitment and retention issues within existing resources.
4. Please list the impact of this proposal on other classifications used by the agency.
5. Provide any additional documentation that supports your request.

#### **NEW DBM-DA-25B Form – EXCEL Document**

The DBM-DA-25B form should be used by agencies to outline the specific positions and costs associated with the request. The following information will be required:

1. List **current** grade, step and salary by PIN to be impacted by the pay plan adjustment.
2. List **proposed** grade, step and salary by PIN to be impacted by the pay plan adjustment.
3. Outline the fringe benefit costs associated with the proposed pay plan adjustment.
4. Summarize the costs by program and fund for the agency.

Requests must be submitted in priority order to the Department of Budget and Management to Kurt Stolzenbach at the following e-mail address: [kstolzen@dbm.state.md.us](mailto:kstolzen@dbm.state.md.us)

**Fiscal Year 2008**  
**Pay Plan Adjustment or New Classification Request**

**Department or Agency:**

**Program Name:**

**8-digit Program Code:**

**4-digit Subprogram Code:**

**TITLE/DESCRIPTION:**

*Include a short title of one sentence for the description of the request.*

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**A. REASON FOR REQUEST:**

*Please explain why the pay plan adjustment or new classification is necessary and indicate:*

- 1) current vacancy rates;*
- 2) the date of last adjustment for impacted positions;*
- 3) the number of positions impacted; and*
- 4) the resignation for each classification during the previous fiscal year.*

*Why is this job series critical to your goals and objectives? Outline how the current classification or salary structure is impacting the outcomes for the program and/or agency.*

**B. JUSTIFICATION FOR THE REQUEST**

Please explain how the proposed salary structure is expected to impact the outcomes for the program and/or agency. Explain why this is the best option to address the issue.

*This section must refer to the current Management for Results measure(s) impacted; the projected incremental impact on the measure(s); and provide an explanation of the impact. For requests that do not relate to a current MFR, include a measure or measures to show results of the request. **The measures must show the specific outcomes to be achieved.***

Performance	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Measure	<u>Appropriation</u>	<u>Target</u>	<u>Target</u>	<u>Target</u>	<u>Target</u>	<u>Target</u>

**C. ALTERNATIVES CONSIDERED:**

*Please list any alternatives considered to address the issues which would not require the establishment of a new classification series or salary adjustment. List steps that have been taken to address recruitment and retention issues within existing resources. Are there factors other than salary which impact the ability to recruit and retain employees with the necessary skills for the job?*

**D. IMPACT ON OTHER CLASSIFICATIONS:**

*Will approval of this request have an impact on employees in other classifications used by your agency? If yes, please list the classifications involved and how they will be impacted.*

**E. ADDITIONAL SUPPORTING DOCUMENTATION:**

*Provide any documentation that may support the request: retention analysis, reports, salary surveys, legislation and other publications.*

BUDGET ESTIMATES

PAGE \_\_\_\_\_

PAY PLAN ADJUSTMENT

\_\_\_\_\_  
 (State Agency or Group)

\_\_\_\_\_  
 (Institution or Unit)

\_\_\_\_\_  
 (Program No. and Title)

<u>PIN</u>	<u>Classification</u>	***** CURRENT *****			***** PROPOSED *****			<u>Increase</u>	<u>GF</u>	<u>SF</u>	<u>FF</u>
		<u>Grade</u>	<u>Step</u>	<u>Salary</u>	<u>Grade</u>	<u>Step</u>	<u>Salary</u>				
				0			0	0	0	0	0

Summary

(State Agency or Group)

(Institution or Unit)

(Program No. and Title)

BUDGET ESTIMATES

Program

TOTAL

0	0	0	0
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